

Name of applicant		HFA Reference	
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PRIVATE AND CONFIDENTIAL

Trustees of Hampshire FA Benevolent Fund
 Winklebury Football Complex
 Winklebury Way
 Basingstoke
 RG23 8BF



BENEVOLENT GRANT APPLICATION FORM			
<i>Full name of applicant</i>			
<i>Address</i>			
<i>Email address</i>			
<i>Home telephone number</i>			
<i>Mobile telephone number</i>			
<i>Date of birth/Age</i>			
<i>Occupation</i>			
<i>Name and address of employer</i>			
<i>Current earnings</i>			
<i>Is employment being kept open?</i>			
<i>Status</i>	Married	Divorced/Separated	Single (living alone)
	Living with Partner	Sharing with Others	Living with Parents
<i>Partner's name</i>			
<i>Names/Ages of dependent children</i>			
<i>Club</i>			
<i>Other clubs</i>			
<i>Nature of injury</i>			
<i>Likely length of disablement</i>			
<i>Opponents</i>			
<i>Competition</i>			
<i>Date of match</i>			

Please return completed form to your local Area Benevolent Officer:

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DETAILS OF WEEKLY INCOME AND EXPENDITURE

INCOME

Applicant

Partner

Continuing earnings
Statutory sick pay
Other state benefits
State/private pensions
Insurance benefits
Housing benefit
Other income (detailed)

Current total weekly income

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Previous total weekly income

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EXPENDITURE

Mortgage
Rent
Rates
Insurances
Telephones
Gas
Electricity
Other fuels
Television
Hire purchase
Car/motor expenses
Clothes
Entertainment
Food
Other expenses (detailed)

Current total weekly expenditure

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Potential weekly cash shortfall

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OTHER FINANCIAL INFORMATION

Is applicant receiving housing benefit? YES/NO
 Has the Citizens Advisory Bureau on business been consulted? YES/NO
 Is applicant receiving all available state benefits? YES/NO
 Has the applicant applied for statutory sick pay? YES/NO
 Does the applicant have income protection insurance
 (if self-employed)? YES/NO

Total savings, investments and other liquid capital

Applicant
 Partner

Details of mortgage, hire purchase and other financial commitments

Has any approach been made or will such an approach be made
 to any other fund following this injury? YES/NO
 If yes, please provide details:

Has the applicant previously applied for assistance from either the
 Football Association Benevolent Fund Trust or Hampshire FA
 Benevolent Fund? YES/NO

If yes, please provide details:

APPLICANT'S DECLARATION

I confirm that the information contained in this application form is correct to the best of my
 knowledge and belief and I give the Trustees of Hampshire FA Benevolent Fund permission
 to verify any details they may require, including confirmation of my medical condition and any
 treatment required

 Signature of Applicant

 Date

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To be completed by applicant

CLAIMANT'S OBSERVATIONS ON FINANCIAL IMPACT OF INJURY

To be completed by Area Benevolent Officer

REPORT AND RECOMMENDATION TO THE TRUSTEES

GRANT RECOMMENDED TO TRUSTEES (IF ANY)

Signature of Area Benevolent Officer

Date

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CONFIRMATION BY CLUB SECRETARY OR CHAIRMAN

To the Trustees of Hampshire FA Benevolent Fund
Winklebury Football Complex
Winklebury Way
Basingstoke
RG23 8BF

Full Name of Applicant	
Applicant's Address	

Name of Club	
Hampshire FA Affiliation Number	

Details of Club's Personal Accident Insurance Policy	
Policy Number	
Insurance Company/Broker	

Details of any Fund Raising Activities Organised for Applicant

I confirm that the above-named applicant is a bona-fide member of this club and that we are aware that application has been made for financial assistance from Hampshire FA Benevolent Fund

_____ *Signed on behalf of Club* _____ *Date*

Name of signatory (capitals) _____

Position in club _____